PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where

appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed oth	ig the Patent, advance of erwise in Block I, by (a	a) specifying a new corre	spondence address;	and/or (b) indicating a separa	orrespondence address as me "FEE ADDRESS" for
	ENCE ADDRESS (Note: Use Blo	Fee	e(s) Transmittal. Thi	s certificat	te cannot be used for	domestic mailings of the any other accompanying or formal drawing, must	
DEWITT ROSS Excelsior Finance		O7 I he add	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
Suite 401, 8000 Madison, WI 53		Marcia 1		ayton (Depositor's name)			
Excelsior Financial Centre Suite 401, 8000 Excelsior Drive Madison, WI 53717-1914				Maria Kartin		(Signature)	
				August 14,	2007	<u> </u>	(Date)
APPLICATION NO. FILING DATE		FIRST NAMED INVENT		ATTORNEY DOCKET NO.			CONFIRMATION NO.
10/555,585 11/04/2005			Par Nylander 82047021-P4001-US 4			4407	
TIT! E OF INVENTION	: PATIENT CHAIR WI		·				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	08/15/20	07 HGEBR	\$1700 EN2 CEEBCEC2 LC	11/05/2007 เอริสิติรี
EXAMINER		ART UNIT	CLASS-SUBCLASS	01 FC:1301 1423.03 C0 62 FC:1564 379.00 39			
WHITE, RODNEY BARNETT		3636	297-338000				324.60 By
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the parties of up to 3 registered patent atterness. Craig A. Fieschko, Es				
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 DeWitt Ross & Stevens S.C.				
			THE PATENT (print or ty				
PI EASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
ARJO HOSP	ITAL EQUIPMEN	SWEDEN					
Please check the appropr	riate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🛛 Co	orporation	or other private grou	p entity Government
4a. The following fee(s) are submitted: X Issue Fee X Publication Fee (No small entity discount permitted) Advance Order - # of Copies			 b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) □ A check is enclosed. ☑ Payment by credit card. Form PTO-2038 is attached. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-2055 (enclose an extra copy of this form). 				
a. Applicant claim	tus (from status indicated as SMALL ENTITY statu	is. See 37 CFR 1.27.	☐ b. Applicant is no lot				
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if requeecords of the United Sta	uired) will not be accepte tes Patent and Trademark	d from anyone other than Office.	the applicant; a regi	stered atto	rney or agent; or the	assignee or other party in
Authorized Signature	1.0	Me		Date 14	AU6	2007	
Typed or printed nam	craig A	. Fieschko		Registration N		39,668	- Al- LICHTO

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.